

TX
clean

I - 11026-08-12

 *** REQUESTOR: JST1660 - STEVENSON, JUDY EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 021460 DATE: 08/05/12 TIME: 08:01 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: TTA4090 - TAYLOR, THOMAS
 CHAPLAIN II
 GURNEY UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: ADAMS, RODNEY TDCJ# 1797921
 DATE OF DEATH: 08/04/2012
 CUSTODY: G2 STATUS: ACTIVE RACE: W/M DOB: 10/02/66 AGE: 45
 CAUSE OF DEATH: PENDING AUTOPSY TIME: 1750 HR DOCTOR: D. JONES
 PLACE OF DEATH: ETMC TYLER
 DUTY WARDEN: R. GOINGS TIME: 1808 HRS
 JUSTICE OF THE PEACE: M. SCHAMBURGER TIME: 1807 HRS
 TDCJ-ID-IAD: MARK OWENS TIME: 1813 HRS
 CARNES FUNERAL HOME: ELI MARQUEZ TIME: 1823 HRS
 CHAPLAIN: THOMAS TAYLOR TIME: 1825 HRS
 EAC: TERESA ALFORD I-11026-0812 TIME: 2151 HRS
 APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
 N.O.K. ASHLEY ADAMS TIME 1830 HRS PHONE 940 368-8985
 ADDRESS: 303 EDNA STREET FAMILY WILL (X) WILL NOT () CLAIM BODY
 ADDRESS: WEATHERFORD TX 76086
 LOCATION OF BODY: CARNES FUNERAL HOME
 LOCATION OF INMATE PROPERTY: NONE

Sent to:	HSMA016	DEATH RECS/CAROLYN MCMILLIAN	(to)
	HVWAR01	HUNTSVILLE_WARDENS_OFFICE	(to)
	CHAPSUP	KELLUM, MERLINE	(to)
	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	CAS7772	ASHWORTH, CARISE D. "CARI"	(to)
	KEN2430	ENLOE, KELLY	(to)
	RG08509	GOINGS, REGINALD	(to)
	PRA3069	RAYFORD, JERRY	(to)
	MGR7512	GRAHAM, MIKE	(to)
	EBR1993	BROWN, ERNEST	(to)
	TTA4090	TAYLOR, THOMAS	(to)

SUPERVISOR'S INVESTIGATION OF EMPLOYEE/OFFENDER INJURY

Last Name of Injured Adams		First Name Rodney		MI	SSN/TDCJ# 1797921	Date Of Injury 8-3-12
Time Of Injury 1820	Unit Of Assignment ND	Use of Force <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		EAC# I-11026-0812	Date of Report 8-3-12	
Department of Assignment (Table 2) (Check ONLY One)						
<input type="checkbox"/> 01 Administration*	<input type="checkbox"/> 08 Counselor*	<input type="checkbox"/> 15 Laundry/Necessities	<input type="checkbox"/> 22 Yard/Utility			
<input type="checkbox"/> 02 Ag Administration*	<input type="checkbox"/> 09 Education-Windham*	<input type="checkbox"/> 16 Operations & Maintenance	<input type="checkbox"/> 23 Dog Kennel/Horse Barn			
<input type="checkbox"/> 03 Chaplaincy*	<input type="checkbox"/> 10 Food Service	<input type="checkbox"/> 17 Parole*	<input type="checkbox"/> 24 Community Work Proj			
<input type="checkbox"/> 04 Classification*	<input type="checkbox"/> 11 Grievance*	<input type="checkbox"/> 18 Security*	<input type="checkbox"/> 25 Field Force			
<input type="checkbox"/> 05 Clerical*	<input type="checkbox"/> 12 Health Services*	<input type="checkbox"/> 19 Supply	<input checked="" type="checkbox"/> 26 Non-Occupational			
<input type="checkbox"/> 06 Construction-Facilities	<input type="checkbox"/> 13 Industry	<input type="checkbox"/> 20 Training*	<input type="checkbox"/> 27 Recreational			
<input type="checkbox"/> 07 Counsel Substitute*	<input type="checkbox"/> 14 Internal Affairs*	<input type="checkbox"/> 21 Transportation*	<input type="checkbox"/> 28 Suppt Services Inmate			
* Not Applicable for offenders - Department of Assignment for offenders is Non-occupational or Recreational unless injury occurs on-the-job.						
Location Of Injury (Table 3) (Check ONLY One)						
<input type="checkbox"/> 01 Admin. Area/Office	<input type="checkbox"/> 15 Dining Hall/Kitchen	<input type="checkbox"/> 29 Laundry	<input type="checkbox"/> 43 Sidewalk			
<input type="checkbox"/> 02 Backgate	<input checked="" type="checkbox"/> 16 Dormitory/BOQ	<input type="checkbox"/> 30 Library	<input type="checkbox"/> 44 Stable/Barn/Kennel			
<input type="checkbox"/> 03 Barber Shop	<input type="checkbox"/> 17 Education Area/Classroom	<input type="checkbox"/> 31 Loading Dock/Porch	<input type="checkbox"/> 45 Steps/Stairway/Ladder			
<input type="checkbox"/> 04 Boiler Room	<input type="checkbox"/> 18 Farm Shop	<input type="checkbox"/> 32 Mailroom	<input type="checkbox"/> 46 Supply/Necessities			
<input type="checkbox"/> 05 Ad Seg Cell	<input type="checkbox"/> 19 Field	<input type="checkbox"/> 33 Maintenance Shop/Work Area	<input type="checkbox"/> 47 Swimming Pool Area			
<input type="checkbox"/> 06 Gen Pop Cell	<input type="checkbox"/> 20 Firing Range	<input type="checkbox"/> 34 Nursery/Greenhouse	<input type="checkbox"/> 48 Toilet/Restroom			
<input type="checkbox"/> 07 Hi-Sec Cell	<input type="checkbox"/> 21 Garage/Tractor Shed	<input type="checkbox"/> 35 Parking Lot	<input type="checkbox"/> 49 Transportation Vehicle (Bus/Van, etc.)			
<input type="checkbox"/> 08 Cellblock Run	<input type="checkbox"/> 22 Grounds/Yard-Inside Fence	<input type="checkbox"/> 36 Picket Tower/Central Control	<input type="checkbox"/> 50 Turnout Area			
<input type="checkbox"/> 09 Closet/Utility Room	<input type="checkbox"/> 23 Grounds/Yard-Outside Fence	<input type="checkbox"/> 37 Ramp/Elevator	<input type="checkbox"/> 51 Visitation			
<input type="checkbox"/> 10 Clubhouse	<input type="checkbox"/> 24 Hallway/Walkway/Corridor/Foyer	<input type="checkbox"/> 38 Recreation Yard/Gym	<input type="checkbox"/> 52 Vocational Trades/Workshop			
<input type="checkbox"/> 11 Commissary	<input type="checkbox"/> 25 Highway/Road/Street	<input type="checkbox"/> 39 Roof	<input type="checkbox"/> 53 Warehouse/Storage Area			
<input type="checkbox"/> 12 Community Work Projects	<input type="checkbox"/> 26 Hospital/Clinic/Infirmary/Lab	<input type="checkbox"/> 40 Sallyport/Vestibule				
<input type="checkbox"/> 13 Craft Shop	<input type="checkbox"/> 27 Industrial Area	<input type="checkbox"/> 41 Salvage Area/Storage Yard				
<input type="checkbox"/> 14 Day Room/Lounge	<input type="checkbox"/> 28 Intake Area	<input type="checkbox"/> 42 Shower				
Cause Of Injury (Table 5) (Check ONLY One)						
<input type="checkbox"/> 01 Offender Assault	<input type="checkbox"/> 09 Contact with Chemicals	<input type="checkbox"/> 15 Insect Bite	<input type="checkbox"/> 21 Struck By			
<input type="checkbox"/> 02 Intentionally Self-Inflicted	<input type="checkbox"/> 10 Contact with Electrical Current	<input type="checkbox"/> 16 Medical Condition	<input type="checkbox"/> 22 Vehicular			
<input type="checkbox"/> 03 Employee on Employee Assault	<input type="checkbox"/> 11 Contact w/ Temperature Ext	<input type="checkbox"/> 17 Over-Exertion	<input checked="" type="checkbox"/> 23 Weather Related			
<input type="checkbox"/> 06 Animal Bite	<input type="checkbox"/> 12 Fall on Different Level	<input type="checkbox"/> 18 Environmental Hazards				
<input type="checkbox"/> 07 Bodily Reaction	<input type="checkbox"/> 13 Fall on Same Level	<input type="checkbox"/> 19 Slip/Trip, Not a Fall				
<input type="checkbox"/> 08 Caught In, On or Between	<input type="checkbox"/> 14 Horse Related	<input type="checkbox"/> 20 Struck Against				
Type Of Injury (Table 6) (Check ONLY One)						
<input type="checkbox"/> 01 Abrasion	<input type="checkbox"/> 09 Dislocation	<input type="checkbox"/> 17 Hernia	<input type="checkbox"/> 25 Shock			
<input type="checkbox"/> 02 Amputation	<input type="checkbox"/> 10 Dizziness, Faintness	<input type="checkbox"/> 18 Infection	<input type="checkbox"/> 26 Sprain			
<input type="checkbox"/> 03 Bite	<input type="checkbox"/> 11 Foreign Object In Eye	<input type="checkbox"/> 19 Inflammation	<input type="checkbox"/> 27 Sting			
<input type="checkbox"/> 04 Bruise/Discoloration	<input type="checkbox"/> 12 Fracture	<input type="checkbox"/> 20 Internal Injuries	<input type="checkbox"/> 28 Strain			
<input type="checkbox"/> 05 Burn	<input type="checkbox"/> 13 Frostbite	<input type="checkbox"/> 21 Nausea	<input type="checkbox"/> 30 Exposure to Communicable Disease			
<input type="checkbox"/> 06 Contusion	<input type="checkbox"/> 14 Hearing Loss	<input type="checkbox"/> 22 Puncture	<input type="checkbox"/> 31 Closed Head Injury			
<input type="checkbox"/> 07 Cut	<input type="checkbox"/> 15 Heart Attack/Chest Pains	<input type="checkbox"/> 23 Rupture	<input type="checkbox"/> 32 Open Head Injury			
<input type="checkbox"/> 08 Dermatitis/Rash	<input checked="" type="checkbox"/> 16 Heat Exhaustion/Cramps/Stroke	<input type="checkbox"/> 24 Scratch	<input type="checkbox"/> 29 Other(Specify) _____			

Body Part Injured (Table 7) (Check ONLY One)			
<input type="checkbox"/> 01 Abdominal/Stomach	<input type="checkbox"/> 07 Ear(s)	<input type="checkbox"/> 13 Head	<input type="checkbox"/> 19 Shoulder(s)
<input type="checkbox"/> 02 Ankle(s)	<input type="checkbox"/> 08 Eye(s)	<input type="checkbox"/> 14 Hips	<input type="checkbox"/> 20 Wrist(s)
<input type="checkbox"/> 03 Arm(s), Elbows, Forearms	<input type="checkbox"/> 09 Face, Mouth, Jaw, Teeth	<input type="checkbox"/> 15 Internal	<input type="checkbox"/> 21 Pelvis
<input type="checkbox"/> 04 Back	<input type="checkbox"/> 10 Foot, Feet, Toes	<input type="checkbox"/> 16 Knee(s)	<input type="checkbox"/> 22 Genitals
<input type="checkbox"/> 05 Buttocks	<input type="checkbox"/> 11 Groin	<input type="checkbox"/> 17 Leg(s)	
<input type="checkbox"/> 06 Chest, Ribs	<input type="checkbox"/> 12 Hand(s), Finger(s)	<input type="checkbox"/> 18 Neck	
Describe How and Why the injury occurred, including activity engaged in (i.e., carrying, lifting, etc.):			
Offender was taken from B-1 bld to the infirmary with very hot and dry skin. He had a possible heat exhaustion/heat stroke			
Unsafe Condition (Table 10) (Check ONLY One)			
<input type="checkbox"/> 01 Congested Area	<input type="checkbox"/> 11 Lighting	<input type="checkbox"/> 22 Unsafe Material	
<input type="checkbox"/> 02 Electrical Hazard	<input type="checkbox"/> 12 Mislabelled/Unlabeled Chemicals	<input type="checkbox"/> 23 Unsafe Vehicle	
<input type="checkbox"/> 03 Excessive Noise	<input type="checkbox"/> 14 Open Trench/Hole/Ditch/Drop-Off	<input type="checkbox"/> 24 Unsafe/Defective Hand or Electric Tools	
<input type="checkbox"/> 04 Harmful Animals/Insects/Reptiles	<input type="checkbox"/> 15 Poisonous Vegetation	<input type="checkbox"/> 25 Unshored Trench/Excavation, etc.	
<input type="checkbox"/> 05 Health Hazards (i.e., Fumes, Dust)	<input type="checkbox"/> 16 Protruding Object	<input type="checkbox"/> 26 Walkway/Sidewalk/Pavement	
<input type="checkbox"/> 06 Improper Housekeeping	<input type="checkbox"/> 17 Rough/Sharp Objects	<input type="checkbox"/> 28 Overexposure to Weather Conditions	
<input type="checkbox"/> 07 Improperly Stored Chemicals	<input type="checkbox"/> 18 Slipping or Tripping Hazards	<input checked="" type="checkbox"/> 13 No Unsafe Condition	
<input type="checkbox"/> 08 Inadequate or No Warning Signs	<input type="checkbox"/> 19 Steps/Stairs/Ladder or Other Working Surfaces	<input type="checkbox"/> 27 Other (Specify)	
<input type="checkbox"/> 09 Inadequate Ventilation	<input type="checkbox"/> 20 Unguarded Machine, Belts, Pulley, Roller		
<input type="checkbox"/> 10 Layout or Design	<input type="checkbox"/> 21 Unsafe Equipment		
Unsafe Act (Table 11) (Check ONLY One)			
<input type="checkbox"/> 01 Improper Lifting	<input type="checkbox"/> 12 Unobservant, Inattentive, Unaware	<input type="checkbox"/> 23 Working w/o Adequate Lighting	
<input type="checkbox"/> 02 Improper Handling	<input type="checkbox"/> 13 Operating/Working at Unsafe Speed	<input type="checkbox"/> 24 Working in Confined Space w/o Safeguard	
<input type="checkbox"/> 03 Failure to Use/Wear PPE	<input type="checkbox"/> 14 Operating w/o Proper Authority	<input type="checkbox"/> 25 Failure to Warn of Known Hazards	
<input type="checkbox"/> 04 Failure to Wear Appropriate Dress	<input type="checkbox"/> 15 Disabling/Removing Safety Devices	<input type="checkbox"/> 26 Entering Unauthorized Area	
<input type="checkbox"/> 05 Unsafe Driving Techniques	<input type="checkbox"/> 16 Improper Placing or Storing	<input type="checkbox"/> 29 Failure to Notify Authority of Illness/Injury	
<input type="checkbox"/> 06 Using Unsafe/Defective Tool/Equip/ Material	<input type="checkbox"/> 17 Improper Mixing or Storing	<input type="checkbox"/> 30 Offender Assault	
<input type="checkbox"/> 07 Using Wrong Tool/Material/Equipment	<input type="checkbox"/> 18 Working/Walking Under Suspended Load	<input type="checkbox"/> 31 Self-Mutilation	
<input type="checkbox"/> 08 Taking Shortcut, Not Using Established Route	<input type="checkbox"/> 19 Did not Use Handrail/Grab Bar	<input type="checkbox"/> 32 Exceeded Physical Limitations	
<input type="checkbox"/> 09 Contact with Electrical Source	<input type="checkbox"/> 20 Repairing/Service Moving Object	<input checked="" type="checkbox"/> 27 No Unsafe Act	
<input type="checkbox"/> 10 Unnecessary Exposure to Hazards	<input type="checkbox"/> 21 Failure to Use a Lockout Device	<input type="checkbox"/> 28 Other(Specify)	
<input type="checkbox"/> 11 Horseplay	<input type="checkbox"/> 22 Riding Moving Equip Not For Passengers		
Recommended Corrective Action (Table 12) (Check ONLY One)			
<input type="checkbox"/> 01 Counseling	<input type="checkbox"/> 02 Disciplinary	<input type="checkbox"/> 03 Enhance Security Procedures	
<input checked="" type="checkbox"/> 04 None Applicable	<input type="checkbox"/> 05 Training	<input type="checkbox"/> 06 Repair or Eliminate Condition	
Corrective Action Taken (Table 13) (Check ONLY One)			
<input type="checkbox"/> 01 Counseled	<input type="checkbox"/> 02 Disciplined	<input type="checkbox"/> 03 Enhanced Security Procedures	
<input checked="" type="checkbox"/> 04 None Taken	<input type="checkbox"/> 05 Training Conducted	<input type="checkbox"/> 06 Repair Completed or Condition Eliminated	
DATE CORRECTIVE ACTION TAKEN <u>9/3/12</u>		<input type="checkbox"/> 07 Work Order Issued	
Dept Supy <u>Singer L</u>	Signature <u>LH</u>	Date <u>8/3/12</u>	Phone ()

Injury Report

To: **Unit Risk Manager**

(The RM-04 shall be forwarded directly to the Unit Risk Manager by 8:00 a.m. the following work day.)

From: **Unit Medical Department**

Officer Name: _____

(use if Officer / Staff Member Injured)

Offender Name

Adams, Rodney
Last First

TDCJ #:

179 7921

Work Assignment: _____

Housing Assignment: _____

Date & Time of Accident:

08/03/12 @ 1820

Date & Time Reported to Medical:

08/03/12 @ 1820

Type of Injury: (Check One)

- ☐ Work Related
☒ Non-Work Related
☐ Recreational
☐ Altercation
☐ Self-Mutilation
☐ Use of Force

Severity of Injury: (Check One)

- ☐ Minor - One time treatment or follow-up visits the purpose of treatment / observation or minor scratches, cuts or 1st degree burn
☒ ★ Serious - Requires treatment e.g. sutures, fractures, splints
☐ X-Rays Scheduled

Nature of Injury (cut, scratch, etc. to leg, arm, etc):

offender possibly experiencing a heart stroke

How Injury Occurred:

heat exhaustion - hyperthermia

Extent of Injury:

skin very hot, dry to touch, offender not sweating, core temp 109.9

Treatment Given:

Ice packs placed behind neck and under armpits and groin, offender covered in water fan

Health Care Provider's Signature:

Pamela Shavers MD on offender
IV started to Rt upper arm

☒ Security Supervisor Notified of this Injury:

Lt Crutcher 08/03/12 1830
Name Date Time

☐ ★ If Serious Injury - Risk Manager Notified

Name

Date

Time

*** REQUESTOR: KMA2104 - MAXWELL, KELLY GURNEY UNIT ***

*** S Y S M O U T B A S K E T P R I N T ***

MESSAGE ID: 020352 DATE: 08/04/12 TIME: 08:39am PRIORITY: 000

SUBJECT: MEDICAL TRANSFER

MEDICAL TRANSFER

X EMERGENCY

ROUTINE

NAME OF INMATE: ADAMS, RODNEY INMATE NUMBER: 1797921
 DIAGNOSIS: POSSIBLE HEAT STROKE/ EXHAUSTI
 NATURE OF TRANSFER: O SCHEDULED APPOINTMENT
 N EVALUATION
 SENDING PHYSICIAN: SCHALER PAC
 ACCEPTING PHYSICIAN: ER PHYSICIAN
 TRANSPORT TO: PALESTINE REGIONAL
 TRANSPORTATION MODE ORDERED: CHAIN BUS UNIT VAN
 WHEELCHAIR VAN X AMBULANCE
 OTHER
 TRANSPORTATION MODE USED: CHAIN BUS UNIT VAN
 WHEELCHAIR VAN X AMBULANCE
 OTHER
 HOUSING: GEN POP
 ACT OF VIOLENCE: N
 UTMB/TDCJ MANAGED CARE AUTHORIZATION (Y OR N): N
 UNIT CONTACT NAME: GRAVES/ WILBANKS
 JOB TITLE: LVN
 TIME DEPARTED UNIT: 18 : 38 DATE DEPARTED UNIT: 08 / 03 / 2012
 TIME RETURNED: : DATE RETURNED: / /

SENT TO:

Sent to: TRANSPORT <list> (to)

AD-03.29 (rev. 7)

Attachment A

Page 13 of 21

Texas Department of Criminal Justice
TRANSPORT AUTHORIZATION FOR OFFENDER REMAINS

The undersigned authorizes and directs the coordinating funeral home

and/or its said agents or staff to make the removal of the said remains of

Adams Rodney G #1797921 from Gurney UNIT 1385 Fm 3328 Palestine Texa
(Print Offender Name) (Print Unit/Location) 75801

who died on 08-04-2012, and to hold until further notification
(Date of Death)

from the Warden of the unit with regards to the approval for an autopsy.

NOTE: If an offender death is determined to be from natural cause by a certified medical physician, the offender's family will be provided the opportunity to object to an autopsy.

Instructions: If death occurs on the unit the Warden shall sign this form authorizing the transport of the remains. If death occurs off the unit the Warden shall sign the form and shall deliver the form by the most expedient means to the appropriate medical staff at the location of the death.

[Signature]
 Signature of Warden/Designee

Terry Bagley
 Printed Name

[Signature]
 Medical Physician's/Registered Nurse's Signature

JOHN S JOHNSON RN
 Printed Name

Address of Physician/Registered Nurse:
East Texas Medical Center (ETMC)
1000 Beckham
Tyler, Texas 75701

AD-03.29 (rev. 7)
Attachment C
Page 15 of 21

Texas Department of Criminal Justice AUTOPSY ORDER

In accordance with Section 501.055 of the Government Code, the following Order shall serve as authorization to perform an autopsy on the body of the deceased offender identified below.

Offender Name: <u>Adams Rodney G.</u> (Print Name)		TDCJ #: <u>1797921</u>	
Date of Birth: <u>10-22-66</u>	Race: <u>W</u>	Sex: <input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Offender Pronounced dead at <u>5:50 PM</u> (Print time, include am or pm)		on <u>08-04-2012</u> (Print date, month, date, year)	
Location of Death: <input type="checkbox"/> Unit _____ (Print Unit Name)		<input checked="" type="checkbox"/> Other <u>East Texas Medical Center</u> (ETMC) (Print location, i.e. hospital name)	

Acting in my capacity as an authorized official of the Texas Department of Criminal Justice, I hereby order and decree that an autopsy be performed on the body of the above described offender. Said autopsy should be performed to determine the cause of death of the offender who died of natural causes while attended by a physician or registered nurse.

Said autopsy should include a determination of the cause of death and toxicological examinations of the urine, blood and other bodily matter as deemed necessary to determine types and amounts of alcohol or drugs if any are present in the body. I further order that said autopsy be performed by the UTMB Autopsy Service Physicians and/or associates.

It is understood that due care shall be taken to avoid unnecessary disfigurement of the body.

Further, said body shall be transported to UTMB Galveston (location of autopsy) by a representative or associate of Carnes Funeral Home Funeral Home, located in Beaumont, Texas. Upon completion of the said autopsy, the body should be relinquished to a representative of the delivering funeral home who can be reached at (phone number) 855-262-8325, for transport.

Please forward copy of preliminary findings and reports to:

TDCJ Death Records Technician, Health Services Division
3009 Hwy. 30 West, Rm. 162
Huntsville, TX 77340
(936) 437-3631 (phone) (936) 437-3638 (fax)

Terry Bagley LT Sheriff
Warden (or designee)

County Smith

City Tyler, Texas Zip Code 75701



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

**INVESTIGATOR'S REPORT
OF CUSTODIAL DEATH**

OIG TRANSITORY #: (if necessary)			
CASE #	EAC #	OFFICIAL DATE & TIME OF DEATH	AUTOPSY ORDERED?
	I-11026-0812	8-4-2012 5:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DECEDENT NAME: (LAST, First, MI)		RACE	SEX
Adams, Rodney		W	M
AGE		DOB	
45		10-2-66	
IDENTIFICATION #	UNIT OF ASSIGNMENT	DATE & TIME FOUND	
01797921	Gurney	<input type="checkbox"/> AM <input type="checkbox"/> PM	
PLACE OF DEATH	CITY	COUNTY	ZIP CODE
East Texas Medical Center, Tyler	Tyler	Smith	75701
J.P. / M.E. NOTIFIED: (Name)	PRECINCT #	DATE & TIME J.P. / M.E. NOTIFIED	PHOTOGRAPHS?
Thomas Shamburger	5	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF INQUEST		DATE & TIME OF INQUEST	
		8-4-2012 6:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

★ LOCATION, POSITION and SURROUNDINGS of BODY ★

Offender Adams was found ^{supine} on a medical bed at East Texas Medical Center Tyler, Tx. in ICU #2262

★ SUMMARY of HOW DEATH OCCURRED ★

Unknown Pending Final Autopsy

TRANSPORTING FUNERAL HOME	RECEIVING FUNERAL HOME
Carnes Funeral Home	Carnes Funeral Home
INVESTIGATOR SIGNATURE	TELEPHONE #
<i>Rodney Adams</i>	(903) 228-2311

Law Enforcement Agency: TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003 - Huntsville, TX 77342-4003
(936) 437-6735

INVESTIGATOR'S REPORT OF CUSTODIAL DEATH (Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE – OFFICE OF THE INSPECTOR GENERAL

CASE #	DECEDENT NAME (LAST, First MI) <i>Adams, Rodney</i>	IDENTIFICATION # <i>01797921</i>
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★ CLOTHING WORN BY DECEDENT ★

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Pants	<input type="checkbox"/> Shoes/Boots	<input type="checkbox"/> Jacket
<input type="checkbox"/> Belt	<input type="checkbox"/> Gown/Blouse	<input type="checkbox"/> Dress	<input type="checkbox"/> Other (list details below)

★ PROPERTY SENT WITH DECEDENT ★

Order for Autopsy, Copy of travel card, ER report, ~~CLINIC~~ notes

★ MEDICAL HISTORY ★

Was death attended?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous history of illness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
History of suicide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HIV?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

HOSPITAL NAME: <i>East Texas Medical Center</i>	ADDRESS: <i>1000 South Beckham, Tyler, Tx. 75701</i>	TELEPHONE: <i>(903) 597-0351</i>
PHYSICIAN CONTACTED: (Name) <i>David Jones</i>	ADDRESS: <i>1000 South Beckham, Tyler, Tx. 75701</i>	TELEPHONE: <i>() -</i>

DIAGNOSIS: *Unknown Pending Final Autopsy*

★ NEXT OF KIN INFORMATION ★

NEXT OF KIN: <i>Ashley Adams (Daughter)</i>	ADDRESS: <i>313 Edna St. Weatherford, Tx. 76086</i>	TELEPHONE: <i>(940) 368-8985</i>
NEXT OF KIN NOTIFIED BY: (Name) <i>Chaplain</i>	TELEPHONE: <i>(903) 928-3118</i>	DATE & TIME NOTIFIED: <i>8-4-2012 6:30</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

★ IDENTIFICATION ★

HOW: ☐ Offender Records ☐ Fingerprints
☒ Viewed at Hospital/Scene ☐ Other

★ DOCUMENTATION ★

☒ Order for Autopsy ☐ Clinic Notes (last 72 hrs)
☒ ER Report (if available) ☒ Copy of Travel Card

REPORT DISTRIBUTION: (Include Complete Documentation)

Verification Made By:	Relationship to Decedent:	(1) Case File	(2) J.P.	(3) To Accompany Body
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B 107

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Offender Property Inventory

CONTROL #

Offender (Print name):

Adams, Rodney

TDCJ#:

1797921

Unit:

ND

Date of Inventory:

8-4-12

Reason for Inventory:

Medical Transport

Section I: Authorized Offender Property

Instructions: Enter the quantity in the appropriate column beside the item at time of inventory.

KEY: "O" = In Offender's possession; "P" = Stored in Property Room; ✓ = Must be registered; * = Only females may possess

ITEM	O	P	ITEM	O	P	ITEM	O	P	ITEM	O	P
Consumable Items			Gender-Related (Females Only)			Personal Hygiene Items			Miscellaneous Items:		
Bread			* Bobby Pins			Activator			✓ Alarm Clock (Limit 1)		
Canned Drinks			* Bras (Limit 7)			After Shave			Commissary Bag		
Candy			* ✓ Curling Iron			Baby Oil			Commissary Chain (Limit 1)		
Cheese			* Douche Items			Baby Powder			Cup		
Chips			* Gender Box			Brush			Hardkerchief		
Coffee			* ✓ Hair Dryer			Comb			Pencil Sharpener (Limit 1)		
Crackers			* Hair Accessories (6 items/sets)			Conditioner			Plastic Bowl		
Hot Sauce			* Hair Rollers (Limit 24)			Dental Flossers			Plastic Lock/key (1 per box)		
Jelly			* Hair Ties			Deodorant			Small Nail Clippers (Limit 1)		
Meats			* Make-up (10 Items)			Foot Powder			Spoon		
Pastries			* Panties (Limit 7)			Hair Dressing/Food			Tweezers		
Peanut Butter			* Perfume Lotion (Limit 2)			Hair Gel			Work Gloves (Limit 1)		
Pickles			* Sanitary Napkins/Tampons			Lotion			TDCJ Rule Book (GR-107)		
Soup			* Stud Earrings (Limit 2 pair)			Petroleum Jelly					
Spreads			Health Care Device/Supplies			Razor, Disposable					
Sweetener			✓ Prescription Eye Glasses			Shampoo					
Tortillas			✓ Prescription Sun Glasses			Shaving Cream					
Correspondence/Publications						Shower Shoes					
Letters			(✓ Only if free world)			Soap/Soap Dish					
Magazines			Jewelry Items (1 each)			Tooth Brush/Holder					
Newspapers			✓ Wedding Ring			Tooth Paste/Powder					
Craft Items			✓ Wrist Watch			Religious Items					
Colored Pencils			Legal Material			✓ Medallion (Religious)					
Water Colors			Pleadings, Transcripts, law books, notes, atty. letters, carbon paper, writ envelopes, etc. Estimate Qty.			Other: (Headband, Hijab, Kufi, Medicine Bag, Natural Objects, Prayer Rug, Tallith-Prayer Shawl, Turban, Wooden Comb, Yarmulke)					
Educational Items			Necessity Items			Stationery Items					
All Books			✓ Gym Shorts-Personal (Limit 4)			Envelopes					
Literature (Pamphlets)			Shoes (State-issue, limit 1 pair)			Greeting Cards					
Electrical Equipment (1 each)			Shoes (✓ Personal, limit 1-2 pair)			Ink Pens					
✓ Fan			Socks-Personal (Limit 4 pair)			Paper					
Headphones			Thermal Bottom-Personal (Limit 2)			Pencils					
✓ AM/FM Booster/Antenna			Thermal Top-Personal (Limit 2)			Stamps (60 Max.)					
✓ Hot Pot			T-shirt-Personal (Limit 4)			Tablets					
✓ Outlet Adapter											
✓ Clamp-on Lamp											
✓ Radio											
✓ Typewriter/Word Processor											

NOTE ITEMS ON OFFENDER'S PERSON (i.e. wedding ring, watch, shoes, t-shirt, etc.):

SECTION II: Staff Acknowledgment of a complete and accurate inventory

Instructions: If offender is not present during inventory, there must be a staff witness.

Inventory Staff (Print name):

Michael Herrington

Signature/Date:

8-4-12

Staff Witness (Print name):

Dorena Jones

Signature/Date:

8-4-12

SECTION III: Offender Receipt of Property

I have reviewed the above inventory of my personal property and it is correct. I understand that if I choose to possess property while in TDCJ, I consent to its rules and regulations regarding acquisition, possession, storage, and disposition. I also understand that in the event of loss or damage determined to be the responsibility of TDCJ, reimbursement would generally be paid at no more than \$50 per item.

A. Items Retained by Offender and/or stored in the Property Room (See items marked above)

Offender (Signature/Date):

Staff Initials/Date:

B. Items Returned to Offender (See items marked above)

Offender (Signature/Date):

Staff Initials/Date:

Instructions on back of Form

Las instrucciones de espalda de forma

PROP-05 (1-1-2005)

Original Offender File; Yellow Property Room/Intake; Pink with Stored Property; Gold to Offender

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
INMATE TRANSFER ROSTER**

Transferring Unit: Prepare five (5) copies of this roster for each unit that is to receive men. Send original and duplicate with men being transferred. Triplicate: Attach to your daily strength report and mail to W.H. Gaston, Director, Personnel Records. Quadruplicate: Attach to your file copy of the daily strength report. Fifth copy: Inmate record section.

Receiving Unit: You must receive two copies of this form with each group of men transferred to your Unit. Original attach to your daily strength report.

Transfer From Gurney

EFFECTIVE DATE OF CHANGE

Transfer To PRMC

8/3/12 20 12

Prison Number	Last	Name First	Middle	Race	Class	Remarks Reason for Transfer	
1797921	Adams	Rodney		W		Medical	1
							2
							3
							4
							5
							6
							7
							8
							9
							10
							11
							12
							13
							14
							15
							16
							17
							18
							19
							20

Shipping Unit

Date

Receiving Unit

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: ADAMS, RODNEY TDCJ#: 1797921 **Date:** 08/03/2012 18:25 **Facility:** GURNEY (ND)

Most recent vitals from : BP: ; Wt: ; Height: ; Pulse: ; Resp: ; Temp:

Allergies:

Medications:

BENZTROPINE 1MG TABLET

1 TABS ORAL TWICE DAILY for 30 Days
NO RFS CO JAIL INTAKE

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:52:00AM

CYMBALTA 60MG CAPSULE #

1 CAPS ORAL TWICE DAILY for 30 Days
CO JAIL INTAKE NO RFS

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:53:00AM

hydROXyzine PAMOATE 50MG CAP #

1 CAPS ORAL TWICE DAILY for 30 Days
CO JAIL INTAKE NO RFS

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:55:00AM

Patient Language: ENGLISH **Name of interpreter, if required:**

MODE OF ARRIVAL:		CONDITION ON ARRIVAL:	
Date: 08/03/2012	Time: 1820	<input type="checkbox"/> Stable	
<input type="checkbox"/> Ambulatory		<input type="checkbox"/> Guarded	
<input type="checkbox"/> W/C		<input checked="" type="checkbox"/> Serious	
<input checked="" type="checkbox"/> Stretcher		<input type="checkbox"/> Critical	
<input type="checkbox"/> Carried			
CHIEF COMPLAINT/LOCATION/ONSET:		possible heat stroke / exhaustion.	
		offender skin very hot + touch, dry.	
		offender not sweating	
SIGNIFICANT MEDICAL HISTORY:		depression	

Quantitative Pain Scale: Place an "X" below										
0	1	2	3	4	5	6	7	8	9	10
Qualitative Description of Pain:										
Location: unknown					Onset:					
Duration:					offender cannot verbally respond					
Aggravating Factors:										
Alleviating Factors:										
Pain Character:		Dull	Sharp	Throbbing	Other:					
Frequency:		Constant	Intermittent	Other:						
Radiating:		No	Yes	Location:						

CLINIC NOTESTEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: Adams, RodneyTDCJ No.: 1797921Unit: Gurney

Date & Time	Notes
08/03/12	Arrived to medical & offender via stretcher, offender very lethargic, glasgow scale of 3, offender has a core temp of 109.9, clothing removed, offender covered with cool water, ice packs placed to armpits, groin, and neck region, IV started to Rt ↑ AC = 20 gauge x 1 stick, placement verified & NS flush & resistance NS started @ 150 ml per hour flow rate, offender has black/bruised area to lt eye region - (surrounding area), offender has been on unit ⁸ 1 day, offender arrived to Gurney on 08/02/12 medical Hx on offender @ this point is very vague, Nursing continue to ice and cover offender with cool water.
1830	Offender core temp now @ 109.1 offender still verbally unresponsive, no physical response to sternal rub, offender still exhibiting agonal and labored breathing, offender placed on Rt side lying position to prevent aspiration, offender is actively vomiting P waves in

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Adams, Rodney

TDCJ No.: 179 7921

Unit: Journey

Date & Time	Notes
08/03/12	ambulance arrived to facility,
1835	offender transferred from ER gurney to EMS gurney x 4 people assist. offender muscle tone very flaccid, offender cannot verbally respond, glasgow scale still @ 3, ambulance secured offender to gurney, Purawson
1838	offender transferred by EMS to ambulance, offender now off unit, will follow-up with offender upon Return to facility. Purawson
08/04/12	- notified G. Schaller PA-C of offender D620 change in status and all transfers, on per G. Schaller PA-C verbal consulted consult orders as stated above in nurse note, Purawson

Please sign each entry with status.

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: ADAMS RODNEY **TDCJ#:** 1797921 **Date:** 08/03/2012 18:25 **Facility:** GURNEY (ND)

PEAK FLOW

Time	Peak Flow #1	Peak Flow #2	Peak Flow #3	Peak Flow Personal Best

* Continue hourly peak flow measurements for patients with respiratory distress for the duration of the clinic visit.

MEDICATIONS

Time	Medication	Dose	Route	Site	Initials	Outcome Eval	Time	Initials

I. V. THERAPY

I. V. THERAPY							Intake		Output	
Site #	Location	Gauge	IVF	Rate	Time	Initials	PO	Urine		
20g	R+T AC	20g	NS	150ml	1830	PC	IV	Emesis		
							NG	NG		
							Other:	Other:		

❖ Do not release a patient from the clinic without a provider's order if the patient's PaO₂ is less than 90% or peak flow is less than 80% of personal best. Normal adult peak flow without existing disease is 300-500.

DISPOSITION OF PATIENT

Cell
TDCJ Infirmary – Facility:
<input checked="" type="checkbox"/> Local ER via ambulance
Hospital Galveston
Other:

CONDITION ON DISCHARGE

Date:	08/03/12	Time:	1836
	Improved		
	Stable		
X	Unstable		
	Deceased		

MODE OF TRANSFER:

Van
<input checked="" type="checkbox"/> Local EMS
<input checked="" type="checkbox"/> 911 Transfer
UTMB EMS
Other:

UTILIZATION REVIEW NOTIFIED:

Date:		Time:	
	N/A		
	Yes		
	No		

ECC Contact Name (UTMB ONLY):

Time Contacted:	
-----------------	--

PRE-CERTIFICATION #:

UR CONTACT:

Details of abnormal findings and ongoing assessment and care.

Time	Nursing Notes

SIGNATURE AND INITIALS OF ALL NURSING STAFF ADMINISTERING TREATMENT>

This document has been sent for signature, but has not yet been reviewed

AD-10.64 (rev. 6)
Attachment C
Page 11 of 11TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature LogUnit: ND

8.3.2012

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	76.7°	83%	78°	Bren
7:30 a.m.	82.1	76%	85.4	Bren
8:30 a.m.	84.4	72%	93°(3)	Bren
9:30 a.m.	90°	60%	100°(3)	Bren
10:30 a.m.	95°	50%	107°(2)	Bren
11:30 a.m.	96°	49%	107°(2)	Bren
12:30 p.m.	101°	40%	110°(2)	Bren
1:30 p.m.	101°	37%	110°(2)	Thomas, C.
2:30 p.m.	103°	34%	113°(2)	Thomas, C.
3:30 p.m.	104°	34%	113°(2)	Thomas, C.
4:30 p.m.	104°	34%	113°(2)	Thomas, C.
5:30 p.m.	104°	35%	113°(2)	Thomas, C.
6:30 p.m.	102°	38%	110°	Senecan

1st Shift B Supervisor Sgt J. Butler
 2nd Shift B Supervisor _____

Joe F. Gurney Unit
Dorm Temperature Log
 Date 08-03-12

1st Shift Officer Recording R. Roberts
 2nd Shift Officer Recording _____

DORM	TIME	OUTSIDE	D.TEMP	DORM	TIME	OUTSIDE	D.TEMP	DORM	TIME	OUTSIDE	D.TEMP	DORM	TIME	OUTSIDE	D.TEMP
A-1	0754	8	84	B-4	0747	79	80	C-7	0755	83	83	F-2	0736	82	83
	1539	129	104		15	129	104		1626	129	103		1512	129	103
	2334	90	90		2315	91	91		2229	92			2307	86	87
A-2	0800	84	84	B-5	0752	81	83	C-8	0736	83	83	F-3	0737	82	83
	1537	129	104		1545	129	103		1630	129	103		1514	129	103
	2337	90	91		2320	90	91		2232	92			2309	88	88
A-3	0801	84	85	B-6	0753	81	83	D-1	0705	73	76	F-4	0738	82	83
	1540	129	103		1547	129	103	1558	1601	129	104		1517	129	103
	2338	90	91		2323	90	91		2140	85	83		2312	88	88
A-4	0802	84	85	B-7	0753	81	83	D-2	0707	73	77	K-1	0749	83	83
	1543	129	103		1550	129	103	1551	1600	129	104		1632	129	101
	2341	90	90		2327	90	91		2140	85	82		2245	86	84
A-5	0804	85	85	B-8	0754	81	83	D-3	0708	73	77	K-2	0730	83	83
	1555	129	103		1552	129	103	1602	1602	129	104		1633	129	102
	2345	90	89		2320	90	91		2140	85	83		2247	86	84
A-6	0806	85	85	C-1	0718	80	80	D-4	0708	73	78	K-3	0730	83	83
	1528	129	103		1614	129	103	1604	1604	129	103		1634	129	101
	2347	90	89		2210	89	92		2140	85	83		2249	86	84
A-7	0807	85	85	C-2	0719	80	80	E-1	0712	78	78	K-4	0731	83	83
	1530	129	103		1616	129	103	1606	1606	129	103		1635	129	101
	2349	90	90		2212	89	91		2208	90	88		2251	86	84
A-8	0807	85	85	C-3	0720	80	81	E-2	0713	78	79	K-5	0731	83	83
	1531	129	103		1618	129	102	1607	1607	129	103		1636	129	102
	2351	90	91		2215	89	90		2208	90	88		2253	86	84
B-1	0745	79	79	C-4	0740	80	81	E-3	0713	78	79	K-6	0732	83	83
	1525	129	103		1620	129	102	1609	1609	129	102		1637	129	101
	2367	91	90		2218	89	90		2206	90	88		2255	86	84
B-2	0746	79	80	C-5	0723	83	83	E-4	0714	78	79	K-7	0732	83	83
	1523	129	103		1622	129	103	1611	1611	129	102		1638	129	101
	2310	91	90		2222	92	92		2207	90	88		2257	86	84
B-3	0746	79	80	C-6	0724	83	83	F-1	0736	82	82	K-8	0733	83	83
	1519	129	104		1624	129	103		1510	129	103		1638	129	102
	2312	91	90		2225	92	92		2305	88	88		2259	86	84
SEP															

REV. 08-2012

OUTSIDE-OUTSIDE TEMP @FRONT DOOR
 D. TEMP-CENTER OF EACH DORM

McCullum/Adams-75

Heat Restricted Offender Wellness Check

Officer's working in a housing area will conduct and document wellness checks on offenders with heat restrictions. The names and housing areas of the offenders may be found on INFOPAC report IMS040-H. To better assist staff, the information contained in the INFOPAC report has been consolidated in the attached lay-in report. The correctional officer assigned to the housing area of the offender's on the attached list are responsible for checking on the wellness of these offenders, documenting the time and acknowledging by the officer's initials at each check. This form is conducted on a four day shift cycle and is maintained by both shifts during those days. A supervisor must conduct, at a minimum, one wellness check on the offenders on each housing area once per shift and acknowledge this by entering the time and the supervisor's initials below. This form shall be turned in by Second Shift at the conclusion of the four day cycle and a new form initiated by the relieving card. Wellness checks should be completed and documented no less than every 30 minutes!

Dorm: B1 Beginning Date: 08/01/12 Ending Date: 08/04/12

Day 1	1st	Time	0604	0638	0704	0738	0805	0838	0908	0930	1000	1040	1100	1130	1210	1242	1312	1341	1407	1444	1511	1537	1610	1641	1709	1731
		Initial	CM	CM	CM	CM	CM	CM	CM	CM	CM	CM	CM	CM	ASH	ASH	ASH	ASH	ASH	ASH	ASH	ASH	ASH	ASH	ASH	ASH
	2nd	Time	1800	1830	1900	1930	2000	2030	2100	2130	2200	2230	2300	2330	0000	0030	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530
Day 2	1st	Time	0605	0636	0706	0736	0806	0836	0906	0930	1007	1035	1109	1140	1210	1241	1312	1339	1414	1445	1513	1542	1617	1649	1720	1750
		Initial	CM	CM	CM	CM	CM	CM	CM	CM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM
	2nd	Time	1800	1830	1900	1929	2000	2029	2100	2130	2200	2229	2300	2330	0000	0030	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530
Day 3	1st	Time	0615	0645	0714	0744	0814	0843	0913	0933	1003	1042	1103	1133	1200	1230	1300	1338	1402	1430	1501	1538	1609	1639	1700	1730
		Initial	KW	KW	KW	KW	KW	KW	KW	KW	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB
	2nd	Time	1803	1827	1858	1930	2001	2032	2101	2133	2202	2230	2300	2334	0001	0030	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530
Day 4	1st	Time	0602	0643	0714	0732	0816	0843	0905	0948	1016	1044	1116	1144	1214	1244	1316	1346	1416	1446	1516	1546	1616	1646	1716	1746
		Initial	WS	WS	WS	WS	WS	WS	WS	WS	WS	WS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS
	2nd	Time	1805	1829	1905	1933	2004	2032	2105	2127	2204	2230	2301	2339	0001	0031	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530
Day 5	1st	Time	0602	0643	0714	0732	0816	0843	0905	0948	1016	1044	1116	1144	1214	1244	1316	1346	1416	1446	1516	1546	1616	1646	1716	1746
		Initial	WS	WS	WS	WS	WS	WS	WS	WS	WS	WS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS
	2nd	Time	1805	1829	1905	1933	2004	2032	2105	2127	2204	2230	2301	2339	0001	0031	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530
Day 6	1st	Time	0602	0643	0714	0732	0816	0843	0905	0948	1016	1044	1116	1144	1214	1244	1316	1346	1416	1446	1516	1546	1616	1646	1716	1746
		Initial	WS	WS	WS	WS	WS	WS	WS	WS	WS	WS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS	GS
	2nd	Time	1805	1829	1905	1933	2004	2032	2105	2127	2204	2230	2301	2339	0001	0031	0100	0130	0200	0230	0300	0330	0400	0430	0500	0530

Supervisor Wellness Check on Heat Restricted Offenders
(At least once per shift)

Shift	Day 1		Day 2		Day 3		Day 4	
	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd
Time	0650	2225	0631	2230	0631	1950	0626	2200
Initials	PS	MB	MB	MB	MB	MB	MB	MB

Rev. 04/2012

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the departure time from the unit back gate is noted as well as the destination arrival time. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Time	Details
7:05pm	ARRIVED AT HOSPITAL TRAUMA ROOM
7:10pm	LIFE SUPPORT WAS APPLIED
7:15pm	DR TOOTE CAME INTO THE ROOM
7:30pm	IV AND COOLING BLANKET USED
7:40pm	CAT SCAN
7:50pm	LEFT CAT SCAN
7:55pm	VERY CRITICAL KNOW NOTHING ELSE
8:05pm	NOTIFIED GOING TO TYLER BY AIR
8:45pm	DR TOOTE LET US KNOW THAT IT WAS A HEAT STROKE + SEVERE HYPERTHERMIA AND POSSIBLE HEART ATTACK
9:15pm	Nurse Megan came in and checked temp. 103.7
9:20pm	PHI MEDICAL STAFF ARRIVED AT THE HOSPITAL AND did flight prep
9:30pm	OFFICER PERRY RELIEVED OFFICER BOY
9:50pm	LOAD ON HELICOPTER
10:00pm	LEFT PALESTINE
10:20pm	ARRIVED AT ETMC IN TYLER TX
10:24pm	ARRIVED IN ETMC ROOM NURSES NICK, EVAN AND AMANDA TAKEN CARE OF OFFENDER BLOOD PRESSURE 124/81 HEART RATE 129
10:27pm	Hooked the offender up to Breathing machine in Emergency Room
	CONTINUED ON NEXT PAGE

Revision: 05/01/2012

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the departure time from the unit back gate is noted as well as the destination arrival time. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 832-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Time	Details
10:47 AM	nurse Amanda checked temp 104.4
10:49	nurse Amanda checked vitals $\frac{41}{57}$
10:54	nurse Amanda inserted Rectum tube.
10:57	Tech leak came in and took X-rays on offenders chest.
11:06	Dr Mario came in and checked on offenders.
11:36	Allison came in and checked vitals $\frac{47}{30}$
12:30	nurse Amanda gave vitamin K 10 units & temp 103.4
12:40	Daughter Ashley Arrived
01:10	put Art line in
01:45	moved to ICU Room number 2262
02:00	mother of offender Arrived.
02:05	nurse Praktishiner Kristen Porter came in and checked on offender.
02:45	Dr Jones came in and did a central line.
03:15	Sancy from lab came and drew blood.
03:30	mother came in and saw offender.
03:45	nurse Johnny gave two units of blood.
04:05	nurse Johnny came in and changed IV bags.
04:30	nurse Johnny checked IV's and all lines
04:55	Respiratory Guy Jonathan came in and hooked up Respiratory machine.
05:20	nurse Johnny hooked up another IV to give offender more blood.
05:45	nurse Johnny took temp 97.6
06:15	nurse Johnny gave two more units of blood.
06:30	nurse Johnny checked all machines again
06:52	U.S. Released by 1st shift.

Revision: 05/01/2012

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the **departure time** from the **unit back gate** is noted as well as the **destination arrival time**. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. **OMT Command Center: 888-456-5556.** Use continuation forms as necessary. **Also** note time(s) relieved by on coming shift personnel.

Time	Details
0652	<p>AT 6:52 AM ON 8-4-2012 COIT T. RODRIGUEZ AND MYSELF COIT B. McCLAIN Reported To Room 2262 ICU DEPARTMENT AND Relieved 2ND SHIFT OFFICERS FROM DUTY FROM ETMC TYLER HOSPITAL. OFFICER COIT T. RODRIGUEZ WAS STATIONED IN THE ROOM WITH OFFENDER ADAMS, Rodney TOCH 1797921, AND I. OFFICER COIT B. McCLAIN WAS STATIONED OUTSIDE OF ROOM IN CLEAR SIGHT OF THE OFFENDER. ALL DOCUMENTATION OF THINGS THAT TOOK PLACE ALONG WITH NAMES OF Whom did services To PATIENT ADAMS Times were logged. AT 4:58 PM ALL IV DRIPS were CUT OFF. AT 5:41 PM VENTILATOR WAS TURNED OFF. AT 5:50 PM OFFENDER ADAMS WAS PRONOUNCED DECEASED by DR. JONES</p> <p style="text-align: right;">Billy W. McClaine COIT</p> <p>AT 6:36 PM I COIT B. McCLAIN Received A CALL FROM OIG MARK OWENS STATING OIG Buddy Fletcher would be HANDLING INQUIRY. AT 6:43 PM I COIT B. McCLAIN Received A CALL FROM Justice OF PEACE SHAMBURGER STATED he would NOT PHYSICALLY be coming TO HOSPITAL but would FAX his MATERIAL OFF TO ETMC GALVESTON. J.P. ADVISED me THAT A HEAVYWEIGHT TRANSPORT would be Picking up The body FROM HOSPITAL AND deliver it TO ETMC HOSPITAL GALVESTON FOR AUTOPSY</p> <p style="text-align: right;">Billy W. McClaine</p>

Revision: 05/01/2012

8/4/12

4

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the **departure time** from the unit back gate is noted as well as the **destination arrival time**. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Ashley Adams, Mother. Wanza

Time	Details
0652	Relieved by 2nd Shift
0703	Call 911. TRANS RELIEVED LATE
0706	Nurse came in and checked all vitals (Nurse Kim)
0700	Nurse came in to check IV BAS. (Nurse) Blood on face. Not cleaned bandages on him. Took TEMPERATURE
0745	Nurse Linda came in and did EKG.
0800	Nurse Kim still changing bandages, did Rectal Temperature 99.4
0825	Call 911. TRANS Updated OFFENDER Adams still in Critical Care.
0907	Nurse Kim came in and change IV BAS. Took TEMP 99.4. Checked urine for ketones, pre-clotting.
0941	Nurse Jenni came in and drew blood.
0943	Dr. Jones came in and checked offender Adams, order a WARMER blanket.
1006	Dr. Conroy came in assessed the offender waiting on HPL to come back (Blood results), Dr. SSONWA contact family.
1019	Nurse Kim came in replaced IV on arm, used suction to draw out blood out of chest, took TEMP 94.5
1041	Captain Shane came in and inquired about the family and talked to blood doctor.
1043	Nurse came in and drew blood.
1049	Nurse Kim took Blood Pressure 54/35.
1053	Nurse Kim re-drew Blood Pressure 100/81
1100	Nurse Kim checked TEMP, 97.6
1103	Nurse Lisa came in and did 100 500mg Gram on heart.
1120	Nurse Kim came in and put on circulation machine on legs.
1123	Nurse Krista came in and drew blood. Still trying to find pulse. found pulse at 120.
1136	Nurse came in and checked Susan.
1155	Nurse Kim came in checked vitals, cleaned the offender up. Blood pressure 88/59, TEMP 94.6
1153	Blood pressure 104/51
1206	Nurse Kim came in gave him more PLASMA, PLATELETS, 13X's blood. Pressure 103/31
1248	Blood pressure TEMP 95.7
1221	1st Blood pressure again 101/86, stopped Plasma & Platelets not working

Revision: 05/01/2012

5/4/12

5

Transport of Offender

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Nurse Kim

DIC

Coagulation

Time	Details
6:44	TOOK TEMP (RECTAL) 94.6
2:53	NURSE KIM CAME IN AND CLEANED AROUND NOSE AND TUBE IN MOUTH
3:11	NURSE CAME IN AND HEAT BLANKET UNDER BLANKET.
3:34	NURSE CAME IN AND TOOK TEMP 94.4
3:45	NURSE KIM CAME IN AND ADDED PAPER BLANKET TO BLANKET
3:47	NURSE KIM TOOK BLOOD PRESSURE 116/46
3:51	HOROLICK (NURSE) CAME IN CHANGING BLOOD
4:35	CALL ST. PASLEY CAME IN AND REPORTED NO OFFENDER ADAMS
4:55	DR. JONES CAME IN AND ASSESSED THE OFFENDER, CALLED MOTHER (WANDA) IN AGREEMENT THAT STOP ALL DRIPS AND NO MORE BLOOD
4:58	NURSE KIM ADVISED BY DR JONES TO UNPLUG ALL IV DRIPS
5:33	NURSE KIM CAME IN HEART RATE DOWN TO 64, PUPILS HAVE ZERO REACTION, TOOK B/P (77/46)..
5:41	VENTILATOR WAS TURNED OFF.
5:50	DEAD (EXPIRED)
6:28	CHAPMAN TAYLOR CALLED INQUIRING ABOUT FAMILY. I OFFICER RODRIGUEZ INFORMED HIM THAT THEY WERE STILL AT HOME.
6:50 PM	G. Conway & S. McBee relieved 1st shift act COE T. Rodriguez & COE B. McClain.
8:18 PM	Office of the Inspector General Buddy Hitebe arrived
8:52	Lt Gagey arrived to take pictures.

MOTHER (WANDA) 940-393-9506
DAUGHTER (ASHLEY) 940-368-8985, 940-366-0504

Print # Revision: 05/01/2012
2062

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the **departure time from the unit back gate** is noted as well as the **destination arrival time**. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. **OMT Command Center: 888-456-5556.** Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

[illegible]

Revision: 05/01/2012

COUNTY OFFENDER CUP ISSUE LOG

		NAME	TDCJ #	DATE	COUNTY
1781487	1	Quintana, R	Refugio, R	8-2-12	Kaufman
523210	2	Rhoney, C	<i>[Signature]</i>		↓
1797914	3	Soto, M	<i>[Signature]</i>		↓
1797915	4	Florence, J	<i>[Signature]</i>		Parker
1797916	5	Flowers, D	<i>[Signature]</i>		↓
1797917	6	Henderson, L	<i>[Signature]</i>		↓
[REDACTED]					
1797919	8	Sampley, E	<i>[Signature]</i>		↓
1797920	9	Harris, W	<i>[Signature]</i>		Rock wall
1741623	10	Mendoza, T	<i>[Signature]</i>		↓
1797921	11	Adams, R	<i>[Signature]</i>		Wise
1797922	12	Delarosa, R	<i>[Signature]</i>		↓
1797923	13	Guerra, J	<i>[Signature]</i>		↓
	14	Perez	<i>[Signature]</i>		
1797821	15	Burris, L	<i>[Signature]</i>		
1797888	16	Hector, C	<i>[Signature]</i>		
1797918	17	Matthew Nance	<i>[Signature]</i>	8-2-12	
	18				
	19				
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	30				

SUPERVISOR:

Lt. V. Dawkins

00000000000000000000 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 2012-08-07
 11111111111111111111 OFFENDER SERVICES TRACKING SYSTEM 11:39:10
 MEAL INQUIRY BY ID0010 PAGE 1

00010: 0178101: ADAMS, RODNEY GERALD
 DATE: 2012-08-02 THRU 2012-08-03

DATE	TIME	UNIT	SIT	LIN	MEAL	PLAN	SNACK	ENT
2012-08-02	16:25:05	ND - JOE F GURNEY	K1	SL2	03	R		K
2012-08-03	16:45:33	ND - JOE F GURNEY	K1	SL2	03	R		K

08/07/2012 09:23

6273407-

WISE CO JAIL

PAGE 01/01

WISE COUNTY S.O.

Larson, Lance

Sergeant

75070

odyssey

Jail Manager Home
Add an Arrest
Jail Roster
Activities
Searches
Find a Jailing
Find a Party
Fees & Finances
Sign On to a Till
Take a Misc. Pay
Find a Receipt
Bonds
Warrants
Find a Warrant
List Manager
Reporting
Local Reporting
Run a Local Rep
Configure
CJIS
Find a TRN
Add a TRN
Administration
View Job Queue
View Job History

75070

Summary Detail Charges Contacts Accounts Property

JOB 5074121 ADAMS RODNEY GERALD
AKA ADAMS ROD ADAMS RODNEY S ADAMS RODNEY ROB
DOB 10/02/1965 Desc WHITE MALE 2 185 LB
ID# TX-12045037 Elnet WANDA ADAMS

Sort Reverse Date

Edit Narrative

At shift change last night 7-29-2012 approx 11:55 p.m. trustee Rodney Adams passed out in his dorm and hit his head around the eye area. His blood sugar was taken and it was 71. At this time I asked the inmate if he ate dinner and he said no that he was trying to lose weight. Trustee was given an orange and informed he needed to eat some of his food at meal time and that he needed to see medical this morning. Subject's eye area was cleaned and bandaged.

1:55 p.m. trust
t his head aro
it was 71. At th
e said no that l
an orange and
t meal time an
t's eye area v

Exit

Start Job History (20... Inbox - Microso 75070

ATTN: Lt. V. Dawkins

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date 8/8/12

From C. Wilbanks LVN Subject Adams, Rodney #1797921

Just after 1800 on 8/3/12 shift change officer Wickware states "they need a wheelchair on B1 dorm, a guy is having a seizure", and she took off with a wheelchair with Mrs. Graves LVN grabbing the jump bag and AED. and taking off behind her to dorm. A couple minutes later officer Roy came running in and said, "we're gonna need a stretcher", and he got it and took off with it. At 1822 Lt. Crutcher told me that Mrs. Graves said to call 911 in which I did. The lady wanted information, I didn't have much to tell her except he is unresponsive and reported to be having a seizure. She said she would get an ambulance in route and that if I got any more information before the ambulance arrived to call her back and I agreed to do so. I then took the gurney out of the ER and got out the pulse oximeter, glucometer, and rectal thermometer. At 1825 Mrs. Graves LVN arrived to medical with the patient on stretcher lying on D side. He was placed in ER, he was unresponsive. He had on underpants and a shirt which Mrs. Graves LVN cut the shirt off of him and poured pitchers of cool water on him. I took his rectal temp which was 109.9. I then promptly called back 911 and reported the pts. condition and rectal temp at 1826 and was told ambulance was on its way. I got ice packs and applied them to pressure points and someone had turned him on his side. I continued taking temp with core temp (rectally) ranging from 109.1 to 109.9 and continued repackaging ice bags as Mrs. Graves LVN continued with pitchers of water by pouring them over his body. He continued to be unresponsive. I walked around to his face and noticed his D eye was black and blue. Mrs. Graves and I discussed this. The ambulance arrived at 1835 by ER clock. He was placed on EMS stretcher and was out the back door at 1838. Mentioned black eye and security officer showed me his ID card. The ID picture revealed the black eye

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date 8/8/12

From C Wilbanks LVN Subject Adams, Rodney #1797921

I told this to Mrs. Graves LVN and she went to the backdoor and told EMS about the black eye already being present in the ID picture.

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date 08/08/2012

From P. Graves WNO Subject Rodney Adams #1797921
~~heat related incident~~

On 08/03/12 @ about 1810-1815, medical was informed of a possible offender actively having a seizure, Officer Wilkerson en route with wheelchair to B-1 dorm, nurse P Graves WNO en route to B-1 dorm with jump bag and AED, Security Officer Roy en route to medical to retrieve stretcher, ⁽¹⁸¹⁵⁾ Ms. Graves WNO arrived to B-1 dorm, nurse P Graves WNO ~~offender~~^{pa} observed offender lying in bunk, non verbal with agonal, labored breathing, nurse called offender by name, offender looked up @ nurse P Graves WNO, withdrew lt shoulder to sternal rub. offender skin very hot to the touch, offender not sweating, skin dry, nurse P Graves WNO notified security to immediately call Mrs. Wilbanks in medical to call a 11 for immediate emergency transfer to local ER due to offender's poor health status at the given time →

SO-4

P. McGinnis Adams 889

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date 08/08/2012From P. Graves LVN Subject Rodney Adams #1797121
heat related death

of this incident. Offender has a black/purple bruised eye to lt orbital region, no blood coming from ear or nasal orifices, offender transferred to medical stretcher X 4 person assist, offender secured to Gurney stretcher, and transferred to on site medical facility, the time was about 1820 on arrival to medical. Offender shirt removed by P Graves LVN and C Wilbanks LVN, pants had been removed in B-1 dorm by nurse P Graves before transfer, offender kept on rt side lying position due to vomiting up greenish-thick clear liquid, offender has glasgow coma scale of 3, offender iced @ ~~press~~^{pr} pulse point, fan placed blowing directly on offender, cold water poured over offender, offender has core temp 109.9 →

SO-4

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date 08/08/2012

From P Graves WN Subject Rodney Adams #179742
heat related death.

offender still verbally unresponsive, noted agonal labored breathing, @ 1835 ambulance on site, for offender transfer, offender transferred to EMS Gurney x 4 person assist, offender still exhibiting agonal labored breathing, care relinquished to Intrepid EMS service, offender out the back door of medical @ 1838. —

P Graves WN —

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF ADMISSION
08/03/2012

HISTORY AND PHYSICAL

The patient was seen in the emergency room. The patient actually was transferred from an outlying institution. The patient actually is a 45-year-old white male who was actually incarcerated and was found down. By the time the patient had presented to the emergency room locally he apparently had a core temperature of 108 and was unresponsive. The patient was then stabilized. He was intubated, had IV fluid resuscitation. Continued to have an increased temperature of 108 and was completely unresponsive. In speaking with the police officers that were with him, they state that the patient was in a transfer facility and apparently 54 other inmates were there. Apparently the patient was up and about and had gotten something to eat and came back. He said he was a little bit dizzy and wanted to change up bunks and then when he went to lie down, they state that about 30 minutes later they found him seizing and then he became unresponsive.

PAST MEDICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY
Inability to obtain. As far as medical records as to whether this patient has any other history of hypertension or diabetes, no records were brought over from the transfer unit.

DATA

As far as his data, he did have a CT scan of his head and this was at 7:43 p.m. at the other institution which showed no intracranial bleed. No masses. There was no old CT for comparison. He had a tox screen there that was negative for marijuana, amphetamines, PCP, cocaine.

LABORATORY DATA AT THE OUTLYING INSTITUTION

Hemoglobin 12.6, hematocrit 37.9, platelet count 183. Platelets estimate were adequate. He had 33 segs, 1 band, 57 lymphs, 4 monos. The patient had a sodium of 131, potassium 5.9, chloride 98. CO2 23, anion gap 14.9, BUN 24, creatinine 2.2, total protein 7, albumin 3.0. Calcium 7.3, AST 40, and ALT 30. He had an alk phos of 117, CK 165. Osmolality calculated was 274, CK-MB 0.8. ETOH was less than 10.

PHYSICAL EXAMINATION

HISTORY AND PHYSICAL
Page 1 of 4

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

VITAL SIGNS: Basically, the patient on arrival here, temperature core was still up at 104. The patient was intubated. He had what looks like a traumatic intubation because he had a lot of increased blood about his orifice. He was saturating at 95% to 100% on a ventilator. The patient is unresponsive with dilated pupils bilaterally. Core temperature is still up at 104.

HEENT: Cervical collar is in place.

LUNGS: Diminished breath sounds throughout but clear. No rhonchi, no wheezes.

ABDOMEN: Benign.

RECTAL: Foley was in place.

SKIN: There was no evidence for ecchymotic areas or contusions of the abdomen.

EXTREMITIES: Are cool, pale.

GENITALIA: He has a Foley catheter in place. Urine is actually light in color and no real evidence for infection.

He did have an EKG in the outlying institution that showed supraventricular tachycardia at 189 beats/minute. A followup EKG monitor here still shows sinus tach at 110. Followup EKG is ordered.

LABORATORY DATA SINCE HE ACTUALLY ENDED UP HERE AT THIS INSTITUTION

Followup CT is pending. The patient has a rectal temperature of 104.4. Pulse is still 168. Blood pressure is 96/61; 100% saturation on current settings. His ABG on arrival: pCO2 of 45, pO2 of 90.6, total hemoglobin 1.4, sodium 34.7, potassium 5.0. Laboratory data significant for creatinine kinase now at 11:23 p.m. of 13.21. CK-MB of 16.8%, troponin of 38. He has a BUN of 31, creatinine 1.5, AST 271. He has bilirubin of 1.8, direct bilirubin of 0.85. He has total protein of 5.8, albumin 2.7, calcium 6.6. He has a white blood count now of 19.8, hemoglobin 11.5, platelet count of 57, bands of 12 and enucleated red blood cells of 10. The patient is still unresponsive.

The patient was treated with Zosyn in the emergency room.

ASSESSMENT AND PLAN

1. Mental status. The patient was noted to be seizing. At this point the patient is unresponsive. Both pupils are dilated. Patient with significantly elevated core temperature at 108. Questionable if this

HISTORY AND PHYSICAL

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eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

patient had a stroke, heat stroke, and then seizure, and then subsequent unresponsiveness. The first CT of the head was unremarkable. There was no evidence for brain swelling. At this point in time, the patient has had a significant amount of fluid resuscitation, so a followup CT without contrast has been initiated. Consult was also made to PSOT; was called in when the patient came in at 11:00 to this institution by Dr. Marino with Christine Porter being called.

2. Acute renal failure noted with elevation of his BUN and creatinine. Will continue IV fluid resuscitation. the patient will have his followup CT of the head.
3. Gastrointestinal. Patient with elevated transaminases consistent with shock liver. In addition, patient with DIC panel positive for _____ product from the patient most likely with multi-organ system shutdown.
4. Elevation of cardiac enzymes again, most likely with shocky organ systems. Will plan for an echo in the morning and evaluate LV-function, and when the patient has dilated, cardiomyopathy.
5. As far as his neuro status, will have neuro checks and then will also plan for an EEG in the morning to assess brain function.
6. Rectal Foley is in place, continue.
7. Supraventricular tachycardia noted. Could this patient have presented with a supraventricular tachycardia and then with decreased blood pressure? Will plan to have to have a followup EKG now if he is still having increased significant tachycardia. Will plan to go head and start a Cardizem drip.
8. Since there is some significant acidosis followup ABG with pH now of 7.15. Patient will be treated with 2 amps of bicarb. An ABG will be rechecked.

The family has now appeared and we will talk to the family before the patient goes up.

cc:

TR: dff JOB#: 111877202

**HISTORY AND PHYSICAL
Page 3 of 4**

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DD: 08/04/2012 01:04 A

DT: 08/04/2012 03:32 A

**HISTORY AND PHYSICAL
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eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

REASON FOR CONSULTATION

Critical care and ventilator management.

HISTORY OF PRESENT ILLNESS

The patient is an unfortunate 45-year-old male who looks very much older than his stated age with a history of chronic alcoholism. He has been incarcerated since March. He was recently transferred to a facility the 2nd. Prior to his transfer he was hit by another inmate causing a left periorbital ecchymosis and laceration. Approximately 30 minutes after dinner patient was reported to be found to a guard unresponsive with agonal breathing. He was being held by inmates that were surrounding him who stated that he'd had a seizure and they were holding him "to keep him from hitting anything." Patient was then brought to the Emergency Room where he was found to have some upper and lower GI bleeding and hypotension. He was intubated and brought to the Emergency Room. His temperature had been 107.9 on arrival. The most recent temperature we've obtained here after arriving to the ICU in Tyler is 99.2 degrees and this is without any cooling measures performed. Thus far I have given patient one liter of IV fluids. He has had multiple bags of fresh frozen, currently receiving platelets and blood. He continues to profusely bleed. His PT and PTT is extremely high, unreadable and his repeats are pending. Fibrin split products were elevated indicating a possible TTP. Multiple differentials have come to mind. He has been on Seroquel for depression and his mother states approximately one month ago, it was recently increased from 300 to 500. Overall the patient is critically ill. He is on multiple pressors including Neo, Levo and vasopressin at this point. Profuse lower GI bleeding is being contained in a Flexi-seal that is continuous. Patient continues to have hypotension despite fluid bolus, despite multiple pressures, despite blood products being infused. I have discussed the severity of the situation with his mother and his daughter who are aware of the severity and at this point in time they want us to continue efforts. If patient does have a cardiac arrest, the patient is not to receive CPR according to his mother.

PAST MEDICAL HISTORY

1. Coronary artery disease. He had an MI at a younger age.
2. GERD.
3. Bloody stools since April.

CONSULTATION REPORT

Page 1 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

4. Depression.

PAST SURGICAL HISTORY

Multiple known surgeries including bilateral hip surgery, GI surgery in 2011, back surgery and neck surgery in 2012.

SOCIAL HISTORY

He has been incarcerated since March. He is a one pack per day smoker. Heavy drinker up until the time of the incarceration at approximately 8-12 beers per day.

ALLERGIES

NONE REPORTED

MEDICATIONS

Per mother includes,

1. Seroquel 500 mg.
2. Lisinopril dose unknown.
3. Gabapentin dose unknown.

FAMILY HISTORY

Unknown.

REVIEW OF SYSTEMS

Unable to obtain as he is currently intubated.

ANCILLARY DATA

Initially received in Palestine includes drug tox screen which is negative. His initial chemistries showed a sodium of 130, potassium 5.9, chloride 98. C02 23. His glucose was 105, BUN 24 and a creatinine elevated at 2.2. His AST was 40, ALT 30. Alkaline phosphatase was 117. His initial CKMB was 0.8. Alcohol level was nil. His CBC showed a white count of 7,000, hemoglobin 12 and a hematocrit of 37 with a platelet count of 183. His differential showed 33% segs and 1% bands. CT of the head without IV contrast showed no acute intracranial abnormalities. Urinalysis was unremarkable. Platelets were within normal range at 183.

Ancillary data here in Tyler includes ABGs on arrival showing a pH 7.15, pCO2 45, pO2 83.4 and a bicarb of 15.6 on assist control of 14, 650 and 5

CONSULTATION REPORT

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

of PEEP. A repeat ABGs just obtained showed a pH 7.16, pCO2 47, pO2 of 300 with a bicarb of 16.8, base excess of -11 on assist control, 14, 655 and 100%. Changes made to the vent were an increased respiratory rate of 22 and a reduced FI02 of 50%. His ionized calcium was 0.8. He has been given two amps of calcium gluconate.

His cardiac enzymes on arrival showed a CK 1,321, CKMB 16.8, troponin 38. His BNP was 8. His chemistries on arrival showed a sodium of 137, potassium 4.5, chloride 106, CO2 18, glucose 108. BUN 31, creatinine down trending to 1.58 from his original presenting of 2.2. His AST elevated at 271. Total bilirubin 1.8, direct bilirubin 0.85. His calcium is 6.6 and blood albumen 2.7. Fibrinogen degradation products were more than 40. His CBC showed a white count of 19,000, hemoglobin 11 and hematocrit 34 with a platelet count of 57 with 59% segs and 12% bands. His chest x-ray showed an ET tube in good position. His NG tube is in good position otherwise no abnormalities.

CT of the head as stated above from Palestine. Coags are pending.

Current IV medications infusing include Levophed, vasopressin, neo-syneprine and patient had received a liter of normal saline which he continues to receive normal saline at 200 cc's per hour along with the bicarb drip 100 cc's, 5% and 100 cc's per hour. Central line was just placed by Dr. Jones.

ASSESSMENT AND PLAN

1. Shock, multifactorial in nature, questionably septic shock as well as hypovolemic shock.
2. Acute respiratory failure receiving mechanical ventilatory support.
3. Shock liver secondary to #1.
4. Elevated troponin with a cardiac history.
5. Acute renal failure.
6. Severe acute anemia blood loss.
7. History of heavy alcohol abuse.
8. Severe upper and lower GI bleed.

IMPRESSION AND PLAN

1. He has already received multiple antibiotics including vancomycin,

CONSULTATION REPORT

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eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

Zosyn and clindamycin which we are continuing routinely. Blood cultures, urine cultures and sputum cultures have been obtained and we are following. Continue bicarb drip. Continue aggressive fluid resuscitation.

2. Acute respiratory failure with mechanical ventilatory support.

Continue vent support with a metabolic acidosis. Continue bicarb. We have increased his respiratory rate. Will follow.

3. Elevated troponin with a history of coronary artery disease and MI in the past. Will follow cardiac enzymes, obtain echocardiogram.

4. Severe hypotension and metabolic acidosis. Maintain pressures. We will add steroids.

5. Hypocalcemia. Correct electrolytes per protocol and follow.

6. Acute renal failure secondary to the above. Aggressive IV fluids and follow I's and O's, creatinine.

7. Acute anemia with blood loss with coagulopathy. Transfusing fresh frozen platelets and blood rapidly following his H H.

8. History of alcohol abuse with history of GI bleeding in the past. If patient makes it through to night, we will need GI evaluation for possible scoping.

9. Severe upper and lower GI bleed supported with transfusions, possibly currently a DIC/TTP. Continue supportive and aggressive care as stated above.

10. Shock liver secondary to the above.

Overall patient's prognosis is very poor and critical in nature. This was discussed with the family. Patient wishes to continue current care with no CPR if patient goes into a cardiac arrest.

Total critical care time with patient approximately one hour and 45 minutes. Patient is seen by myself as well as Dr. Jones and Dr. Jones will add an addendum. He agrees and collaborates with the plan as stated above.

Dictated by: Christine Porter, ACNP

CC:

CONSULTATION REPORT
Page 4 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

TR: cay JOB#: 111877210

DD: 08/04/2012 03:35 A

DT: 08/04/2012 08:25 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:52 -05:00

**CONSULTATION REPORT
Page 5 of 5**

ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DATE OF PROCEDURE

08/04/2012

PROCEDURE PERFORMED

Right femoral triple lumen central line placement.

TECHNIQUE IN DETAIL

After informed consent, the patient's right femoral region was prepped and draped in the usual sterile fashion. 1% Xylocaine was used for local anesthesia. Using the modified Seldinger technique, the right femoral vein was cannulated without difficulty. A guidewire was placed and the needle was removed. Over the guidewire, a dilator was placed. This was then removed and a triple lumen catheter was placed over the guidewire into position without difficulty. The guidewire was removed. All ports were aspirated and flushed. The catheter was then sutured into position. Sterile dressing was applied. The patient tolerated the procedure well.

Procedure was performed by Dr. David Jones with adequate placement of a right femoral triple lumen. Sutured in place without any difficulty. No complications.

Dictated by Christine Porter, ACNP

cc:

TR: ddp JOB#: 111877211

DD: 08/04/2012 03:47 A

DT: 08/04/2012 10:33 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:58 -05:00

PULMONARY

Page 1 of 2

ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

PULMONARY
Page 2 of 2

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DATE OF CONSULTATION
08/04/2012

REFERRING PHYSICIAN
Dr. David Jones.

INDICATION
Coagulation/coagulopathy.

HISTORY OF PRESENT ILLNESS

A very unfortunate situation of a 45 year-old inmate who was apparently perfectly well. He had lunch. After lunch apparently the fellow inmates in the holding tank noted that he was having seizures. They grabbed him to keep him from hurting himself. He was evaluated and noted to have a high temperature of 108 degrees. He was ultimately brought here where he was also noted to have a temperature that high which rapidly came down. He was admitted in the middle of the night to the hospitalists service and Dr. Jones saw the patient in consultation.

The patient has received 6 units of fresh frozen plasma, 6 units of platelets and 4 units of red cells. He continues to bleed profusely through a rectal tube. He has been unresponsive with sluggish pupil, glare response, and hypotensive.

In terms of any prior relevant history he was on Seroquel and his dose has recently been increased from 300 to 500 mg. He had been in the county jail and had been removed from there to be taken to the holding tank for the state penitentiary. His mother, whom I spoke to on the phone, said he was extremely upset about that; however, he never voiced any suicidal ideation.

He was noted to have a large ecchymosis in his left eye when he presented to the medical staff at the prison. No one verbalized having witnessed any altercations.

His mom said that he was a drug addict but quit 7 years ago. He does drink beer but never heavily.

CONSULTATION REPORT
Page 1 of 3

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS

Generally good health. Apparently has hypertension, neuropathy, depression.

MEDICATIONS

1. Seroquel 500 mg.
2. Lisinopril unknown dose.
3. Gabapentin unknown dose.

ALLERGIES

NO KNOWN ALLERGIES

PHYSICAL EXAMINATION

VITAL SIGNS: On examination now his blood pressure is 150/30.

GENERAL: He is unresponsive. His pupils are very large and slowly responsive. He has some blood trickling from his mouth. He is intubated.

LUNGS: Diminished breath sounds at the bases.

CARDIOVASCULAR: Regular rate without S3.

ABDOMEN: Distended. No obvious rebound tenderness. There are a few bowel sounds.

EXTREMITIES: No edema.

DATA REVIEWED

CBC with hemoglobin initially 11.5 down to 6.9 and now up to 11 post transfusion. Platelets are 57,000 with repeat pending. White count of 19,800 on admission with a left shift.

Prothrombin time greater than 320. Partial thromboplastin time of 243.

D-dimer greater than 69,000. Fibrinogen degradation products greater than 40.

Review of peripheral blood smear demonstrates no schistocytes. There are a few nucleated red cells, particularly in the second specimen, but no sign of any abnormal image or cells.

IMPRESSION

Fulminate disseminated intravascular coagulation (DIC), with no suggestion of TTP. I suspect this is the aftermath of what appears to be an episode of malignant neuroleptic syndrome related to psychotropic drugs but

CONSULTATION REPORT

Page 2 of 3

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

exacerbated by the extremely hot conditions within the holding tank.

Would consider the possibility the patient could have had sepsis, but the fulminate presentation, very high fevers, and the lack of obvious source make that seem much less likely. At any case at this point the prognosis is extremely poor. I have talked to the patient's mother by phone and shared this with her. She has already accepting the fact that he will virtually certainly die.

RECOMMENDATIONS

I will update coagulation studies and "fill up his tank" with appropriate transfusion of red cells, platelets and fresh frozen plasma. At that point, unless there is significant clinical recover, which I think is extremely unlikely, I would not continue to use precious blood products.

I appreciate the consultation. Will definitely follow the patient with you.

cc: William Chace Conner, MD

TR: tmv JOB#: 111877516

DD: 08/04/2012 10:34 A

DT: 08/04/2012 12:42 P

CONSULTATION REPORT

Page 3 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ABG (Arterial Blood Gas)-8/4/2012--LB0007-lpg

ETMC - Tyler
1000 S. Beckham Ave.
Tyler, TX 75701
903-597-0351

ABG Results Report

Pt. Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Entity:	0100	Rm/Bed:	M10-A
Nurs Sta:	POD 1		
Dx:			
Alrg:	No Known Allergies		

ABG

Reference Range 08/03/12
23:19

pH		7.158 LP
PCO2	mmHg	45.0 H
pO2	mmHg	83.4
BE	mmol/L	-12.6
HCO3	mmol/L	15.6
O2 SAT	%	92.6
O2Hb	%	90.6 L
tHb	g/dL	11.4 L
COHb	%	1.2
Methb	%	1.0
Na	mmol/L	134.7 L
K+	mmol/L	5.04 H
Ca++	mg/dl	1.04 LP
Vent Mode		a/c 14
Patient Rate		14
Patient Temp	C	37.0

Pt Name: ADAMS, RODNEY

MRN: 1290384

Entity Name: Tyler

Rm/Bed: M10-A

Page 1 of 59

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Laboratory Results Report

ORE_X0AQ_0040_ABG.rpt; Version 1.00

Printed By: JS - Job Scheduler

Printed On: 04-Aug-12 01:00

This Report was generated using Current Entity / Specific Entity(ies). It is possible some clinical data may not be present, if that clinical data was not associated with a visit.

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ABG (Arterial Blood Gas)-8/4/2012--LB0007-1pg

ETMC - Tyler
1000 S. Beckham Ave.
Tyler, TX 75701
903-597-0351

ABG Results Report

Pt. Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Entity:	0100		
Nurs Sta:	POD 1	Rm/Bed:	M10-A
Dx:			
Alrg:	No Known Allergies		

ABG

Reference Range 08/03/12
23:19

Tidal Volume (VT) 650

PEEP 5.0

Pt Name: ADAMS, RODNEY

MRN: 1290384

Entity Name: Tyler

Rm/Bed: M10-A

Page 2 of 59

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Laboratory Results Report
ORE_X0AQ_0040_ABG.rpt; Version 1.00
Printed By: JS - Job Scheduler
Printed On: 04-Aug-12 01:00

This Report was generated using Current Entity / Specific Entity(ies). It is possible some
clinical data may not be present, if that clinical data was not associated with a visit.

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/4/2012--CO0001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1988 ETMC Tyler
43328731

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL

**DISCLOSURE AND CONSENT
MEDICAL AND SURGICAL PROCEDURES
TRANSFUSION OF BLOOD
AND BLOOD COMPONENTS**



DC-0010
REV. 11/11

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Kress as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Transfusion of Blood and Blood Components

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) (do not) consent to the use of blood and blood products as deemed necessary.

☒ I (we) (do) (do not) authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure. I understand a videotape will not be maintained as part of my medical record.

I (we) understand that no warranty or guarantee has been made to me as a result to cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Fever
Transfusion reaction which may include kidney failure or anemia
A.I.D.S. (Acquired Immune Deficiency Syndrome)
Heart failure
Hepatitis
West Nile Virus
Other Infections

☒ I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

DATE: 08/04/12 TIME: 1200 ☐ a.m. ☒ p.m. Telephone Consent from patient
Mother - Wanda Adams
PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

WITNESS: Name: Kurekman PN
Address: 1000 South Beckham
City, State, Zip: Tyler Texas 75701

I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.

DATE: _____ TIME: _____ ☐ a.m. ☐ p.m. Physician's Signature: _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/4/2012--CO0001-1pg

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL.

PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1988 ETMC Tyler



43328731

**DISCLOSURE AND CONSENT
MEDICAL AND SURGICAL PROCEDURES
ARTERIAL LINE INSERTION**



* C O O O 1 *

DC-0013
REV. 2/12

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Jenny as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Placement of line into artery to monitor blood pressure and obtain blood for testing.

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) (do not) consent to the use of blood and blood products as deemed necessary.

☒ I (we) (do) (do not) authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure. I understand a videotape will not be maintained as part of my medical record.

I (we) understand that no warranty or guarantee has been made to me as a result to cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Bleeding

Infection

Injury to artery

Blood clot (impairment of circulation)

Loss of limb

☒ I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

DATE: 08/04/12 TIME: 1200 ☐ a.m. ☒ p.m.

PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

WITNESS: Name: Kelly Maguire

Address: 1020 South Bellham

City, State, Zip: Tyler Texas 75701

I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.

DATE: _____ TIME: _____ ☐ a.m. ☐ p.m. Physician's Signature: _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/3/2012--CO0001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: 10/02/1966 ETMC TYLER
43328731

TREATMENT AUTHORIZATION AND
TERMS OF TREATMENT AGREEMENT78386
REV. 2/12

- A. **Consent for Surgical and/or Medical Treatment:** I hereby grant permission to the physicians in charge of the case of the above-named patient to employ such surgical, x-ray and technical procedures as they may deem necessary in the diagnosis and treatment of this case.
- B. **Accidental Exposure of Healthcare Worker:** I understand that Texas law provides and I agree, if any healthcare worker is exposed to my blood or other bodily fluid, to allow East Texas Medical Center (ETMC) to perform test(s) on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to, Hepatitis, Human Immunodeficiency Virus (which is the causative agent of AIDS) and Syphilis. I understand that such testing is necessary to protect those who will be caring for me while I am a patient at ETMC. I understand the results of tests taken under these circumstances do not become a part of my medical record.
- C. **Independent Physicians:** ETMC and any other hospital, or entity operated as a part of the East Texas Medical Center Regional Healthcare System (collectively referred to as the "Hospital"), is not responsible for the judgment or conduct of any physician who treats or provides a professional service to me, but rather each physician is an independent contractor who is self-employed and is not the agent, servant, or employee of the Hospital. I further understand that other physicians may be called upon to provide care, either directly (as consultants) or indirectly through professional services (i.e. Radiology, Pathology, EKG Interpretations, Anesthesiology). These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. It is also understood that for emergency services, the Hospital may aid my selection of physicians by an established "on-call" roster provided through each department of the Hospital. These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. I further agree the Hospital is not responsible for the judgment or conduct of any of the physicians identified above.
- D. **Authorization to Release Information:** I hereby authorize any physician or hospital who has attended me to furnish the insurance company, third party payer or its representative, any attending or consulting physician, nursing home or facility or other health care facility to which the patient is transferred or later receives treatment, any medical record, x-ray, test record or result or other information requested. A photo copy of this authorization is to be considered valid. I understand this release specifically includes any and all blood and related tests including test results reflecting presence of HIV and HBV and other diseases, all of which I specifically authorize to be released. **For purposes of treatment, I understand that the hospital may access my medication history through an electronic database.**
- E. **Authorization to Disclose Information:** Except as otherwise set forth herein or allowed by law, I **do not** authorize the release of any information to others not acknowledged above. I wish to be a "no information" patient, and I realize that flowers, telephone calls and visitors will be refused on my behalf. (Patient's Initials: _____)
- F. **Assignment of Benefits:** In consideration of hospital services rendered, I hereby assign and transfer to ETMC, all money due or to become due or payable to me under my insurance policy, or third party payment agreement up to the total amount of my account with ETMC. I will be responsible for and will pay any amount due to ETMC not paid by my insurance company or third party payer, and if the insurance company refuses to pay any amount of my claim, I agree to pay my entire bill to ETMC. I certify the information given by me in applying for payment under Title XVIII of the social Security Act is correct.
- G. **Physician's Assignment of Benefits:** I direct insurance benefits be paid directly to physicians with ETMC that provide professional services to me as a result of my hospital stay.
- H. **Medicare and Champva Rights (Medicare/Champva Patients Only):** I acknowledge I have received a copy of the Medicare/Champva Rights. (Patient's Initials: _____)
- I. **Personal Valuables:** I understand ETMC maintains a safe for money and valuables, and ETMC, **will not be responsible** for loss of or damage to any property of money unless deposited with ETMC for safekeeping and a written safekeeping receipt is issued by ETMC. (Patient's Initials: _____)
- J. **Safety:** I understand, for reasons of safety, personal electrical items are not approved for use in ETMC. Such items include hair dryers, curling irons, hot rollers, radios, tape players, razors, heating pads and the like.
- K. **Advance Directive:** I have been given written materials about my rights to accept or refuse medical treatment and my rights to formulate Advance Directives and have acknowledged whether or not I have executed an Advance Directive. I understand that I am not required to have Advance Directives in order to receive medical treatment at this healthcare facility. (Patient's Initials: _____)
- L. **No Warranty:** I understand that no warranty or guarantee has been made to me as to result or cure.
- M. **Patient Rights:** I have been given written materials about my rights as a patient. (Patient's Initials: _____)

Signature of Patient or Legally Authorized Representative

Date

Time

a.m. / p.m.

Name & Relationship if not Patient

Reason Patient Unable to Sign

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DATE OF CONSULTATION
08/04/2012

REFERRING PHYSICIAN
Dr. David Jones.

INDICATION
Coagulation/coagulopathy.

HISTORY OF PRESENT ILLNESS

A very unfortunate situation of a 45 year-old inmate who was apparently perfectly well. He had lunch. After lunch apparently the fellow inmates in the holding tank noted that he was having seizures. They grabbed him to keep him from hurting himself. He was evaluated and noted to have a high temperature of 108 degrees. He was ultimately brought here where he was also noted to have a temperature that high which rapidly came down. He was admitted in the middle of the night to the hospitalists service and Dr. Jones saw the patient in consultation.

The patient has received 6 units of fresh frozen plasma, 6 units of platelets and 4 units of red cells. He continues to bleed profusely through a rectal tube. He has been unresponsive with sluggish pupil, glare response, and hypotensive.

In terms of any prior relevant history he was on Seroquel and his dose has recently been increased from 300 to 500 mg. He had been in the county jail and had been removed from there to be taken to the holding tank for the state penitentiary. His mother, whom I spoke to on the phone, said he was extremely upset about that; however, he never voiced any suicidal ideation.

He was noted to have a large ecchymosis in his left eye when he presented to the medical staff at the prison. No one verbalized having witnessed any altercations.

His mom said that he was a drug addict but quit 7 years ago. He does drink beer but never heavily.

CONSULTATION REPORT
Page 1 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS

Generally good health. Apparently has hypertension, neuropathy, depression.

MEDICATIONS

1. Seroquel 500 mg.
2. Lisinopril unknown dose.
3. Gabapentin unknown dose.

ALLERGIES

NO KNOWN ALLERGIES

PHYSICAL EXAMINATION

VITAL SIGNS: On examination now his blood pressure is 150/30.

GENERAL: He is unresponsive. His pupils are very large and slowly responsive. He has some blood trickling from his mouth. He is intubated.

LUNGS: Diminished breath sounds at the bases.

CARDIOVASCULAR: Regular rate without S3.

ABDOMEN: Distended. No obvious rebound tenderness. There are a few bowel sounds.

EXTREMITIES: No edema.

DATA REVIEWED

CBC with hemoglobin initially 11.5 down to 6.9 and now up to 11 post transfusion. Platelets are 57,000 with repeat pending. White count of 19,800 on admission with a left shift.

Prothrombin time greater than 320. Partial thromboplastin time of 243.

D-dimer greater than 69,000. Fibrinogen degradation products greater than 40.

Review of peripheral blood smear demonstrates no schistocytes. There are a few nucleated red cells, particularly in the second specimen, but no sign of any abnormal image or cells.

IMPRESSION

Fulminate disseminated intravascular coagulation (DIC), with no suggestion of TTP. I suspect this is the aftermath of what appears to be an episode of malignant neuroleptic syndrome related to psychotropic drugs but

CONSULTATION REPORT

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

exacerbated by the extremely hot conditions within the holding tank.

Would consider the possibility the patient could have had sepsis, but the fulminate presentation, very high fevers, and the lack of obvious source make that seem much less likely. At any case at this point the prognosis is extremely poor. I have talked to the patient's mother by phone and shared this with her. She has already accepting the fact that he will virtually certainly die.

RECOMMENDATIONS

I will update coagulation studies and "fill up his tank" with appropriate transfusion of red cells, platelets and fresh frozen plasma. At that point, unless there is significant clinical recover, which I think is extremely unlikely, I would not continue to use precious blood products.

I appreciate the consultation. Will definitely follow the patient with you.

cc: William Chace Conner, MD

TR: tmv JOB#: 111877516

DD: 08/04/2012 10:34 A

DT: 08/04/2012 12:42 P

**CONSULTATION REPORT
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